



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2023

1. Corporate ID No. 001698121

2. Name of Corporation National Sailing Hall of Fame & Museum, Inc.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
813990

4. Principal Office Address

No. and Street: 365 THAMES ST
City or Town: NEWPORT State: RI Zip: 02840 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES TO PROMOTE SAILING BY PRESERVING AMERICAS SAILING LEGACY BY RECOGNIZING ITS HEROES BY HIGHLIGHTING SAILINGS CONTRIBUTION TO THE AMERICAN CULTURE AND EXPERIENCE AND DEMONSTRATING ITS VALUE AS A HANDS-ON TOOL FOR TEACHING AND FOR OTHER PURPOSES WHICH MAY BE CONDUCTED BY A NOT FOR PROFIT EXEMPT ORGANIZATION UNDER SECTION 501C3 OF THE INTERNAL REVENUE CODE

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|--------------|---|---|
| TREASURER | TOM STARK | 365 THAMES ST NEWPORT, RI 02840 USA |
| SECRETARY | CHRISTOPHER L. OTOROWSKI | 365 THAMES ST NEWPORT, RI 02840 USA |
| CO-PRESIDENT | GARY JOBSON | 365 THAMES ST NEWPORT, RI 02840 USA |
| CO-PRESIDENT | TOM WHIDDEN | 365 THAMES ST NEWPORT, RI 02840 USA |
| DIRECTOR | SANDRA SNIDER ASKEW | 365 THAMES ST NEWPORT, RI 02840 USA |
| DIRECTOR | CHRIS BENZAK | 365 THAMES ST NEWPORT, RI 02840 USA |
| DIRECTOR | GUS CARLSON | 365 THAMES ST NEWPORT, RI 02840 USA |
| DIRECTOR | MARGARET D. COMFORT | 365 THAMES ST NEWPORT, RI 02840 USA |
| DIRECTOR | CHARLES A. DANA | 365 THAMES ST NEWPORT, RI 02840 USA |
| DIRECTOR | CLAYTON DEUTSCH | 365 THAMES ST NEWPORT, RI 02840 USA |
| DIRECTOR | DREW FREIDES | 365 THAMES ST NEWPORT, RI 02840 USA |
| DIRECTOR | PETER GERARD | 365 THAMES ST NEWPORT, RI 02840 USA |
| DIRECTOR | JAMES B. GUBELMANN | 365 THAMES ST NEWPORT, RI 02840 USA |
| DIRECTOR | ROBERT B. HAINES JR. | 365 THAMES ST NEWPORT, RI 02840 USA |
| DIRECTOR | SALLY HELME | 365 THAMES ST NEWPORT, RI 02840 USA |
| DIRECTOR | JAMES A. HILTON SR. | 365 THAMES ST NEWPORT, RI 02840 USA |
| DIRECTOR | SPIKE LOBDELL | 365 THAMES ST NEWPORT, RI 02840 USA |
| DIRECTOR | BYRON F. MERCHANT | 365 THAMES ST NEWPORT, RI 02840 USA |
| DIRECTOR | RICHARD NUGENT | 365 THAMES ST NEWPORT, RI 02840 USA |
| DIRECTOR | JIM RICHARDSON | 365 THAMES ST NEWPORT, RI 02840 USA |
| DIRECTOR | PAM RORKE LEVY | 365 THAMES ST NEWPORT, RI 02840 USA |

| | | |
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| DIRECTOR | ANDREW S. ROSE | 365 THAMES ST NEWPORT, RI 02840 USA |
| DIRECTOR | ARTHUR SANTRY | 365 THAMES ST NEWPORT, RI 02840 USA |
| DIRECTOR | FRANK SAVAGE | 365 THAMES ST NEWPORT, RI 02840 USA |
| DIRECTOR | J. SANDS YELLOTT | 365 THAMES ST NEWPORT, RI 02840 USA |

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JOHN R. GOWELL 1301 ATWOOD AVENUE, SUITE 215N JOHNSTON , RI 02919

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 12 Day of April, 2023 at 1:30:16 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JOHN R. GOWELL
Signature of Authorized Person

Form No. 631
Revised 09/07

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